

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.
09/890904

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		1				
4		1				
5		1				
6		1				
7		1				
8		1				
9	1					
10		1				
11		1				
12		1				
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49						
50						
TOTAL IND.	2		↓		↓	
TOTAL DEP.	16		↔		↔	
TOTAL CLAIMS	18					

	*	*	*	*
	IND.	DEP.	IND.	DEP.
51				
52				
53				
54				
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96				
97				
98				
99				
100				
TOTAL IND.		↓		↓
TOTAL DEP.		↔		↔
TOTAL CLAIMS				

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS